

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for CPT Code 99358 for date of service May 17, 2001.
- b. The request was received on April 16, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on June 17, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on June 18, 2002. The response from the insurance carrier was received in the Division on June 14, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Position Statement not included in additional information.
2. Respondent: The respondent's representative states in the correspondence dated May 14, 2002 that "...99358 – Prolong service – The provider billed 99215, and was paid per the fee guidelines- Then also billed 99358 for the same date. All the information is covered under the 99215 billing and documentation does not support additional reimbursement..."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is May 17, 2001. Date of service May 22, 2001 has been paid and is no longer in dispute.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
05/17/01	99358	\$150.00	\$0.00	N	\$84.00	MFG, E/M Ground Rules, (III)(1-7) CPT Descriptor Sec. 408.021(a)	Per the CPT descriptor, which states, "prolonged evaluation and management service before and/or after director (face-to-face) patient care (eg. Review of extensive records and tests, communication with other professionals and/or the patient/family). Office notes for the DOS support reimbursement of \$84.00.
Totals		\$150.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$84.00

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$84.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 18th day of December 2002.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf